


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90780 001 *****8.75
 04-30-2007 90780 002 ***150.00

DOCUMENT # P0000078748

1. Entity Name
SERVOLAB C.A., INC.



Principal Place of Business Mailing Address

3900 N.W. 79 AVENUE **3900 N.W. 79 AVENUE**
SUITE 600-E **SUITE 600-E**
MIAMI, FL 33166 **MIAMI, FL 33166**

2. Principal Place of Business - No P.O. Box # Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

3900 NW 79th AVE
SUITE # 810


City & State City & State

MIAMI, FL **MIAMI, FL**

Zip Country Zip Country

33166 **FL** **33166** **FL**

04062007 Chg-P CR2E034 (12/06)



4. FEI Number Applied For

65-1035902 **Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SUAREZ, ZOILO
3900 N.W. 79TH AVE.
600
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUAREZ, ZOILO A	
STREET ADDRESS	3900 N.W. 79 AVENUE, STE. 600	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAGO, JOSE	
STREET ADDRESS	3900 N.W. 79 AVENUE, STE. 600	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SUAREZ, NITZA	
STREET ADDRESS	3900 N.W. 79TH AVE, STE. 600 -E	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARELLI, MIGUEL A	
STREET ADDRESS	6316 SW 136 CT G109	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BURZUA, CHISTIAN	
STREET ADDRESS	2801 NE 183 ST, 1211W	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1828 SW 153 PASSAGE Change Addition
MIAMI, FL 33185

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ZOILO A. SUAREZ** **04-01-2007 (239)458-4914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #